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STATE FOR NEA/MAG (LAWRENCE), OES/H  
HHS PLEASE PASS TO NIH (JUDY LEVIN) AND OGHA/DHHS (JANE  
COURY)

E.O. 12958: N/A

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SUBJECT: NIH DIRECTOR ZERHOUNI ASSESSES POSSIBILITIES FOR  
RESEARCH IN TUNISIA

REF: TUNIS 161 (NOTAL)

11. SUMMARY. National Institute of Health (NIH) Director Dr. Elias Zerhouni accompanied by a multi-disciplinary team, visited Tunis January 19-21 to understand research priorities and related GOT commitment. The team was impressed with the state of care and research in Tunisia; found the involved ministries and institutions to be willing partners for collaborations and development toward higher global standards of research; and identified possible individuals for future exchanges and collaborations. The group summarized the Tunisian experience by stating that the country has excellent human capital, close research ties with France that could be built upon by U.S. researchers, and a patient population and health care system that would support clinical trials. Tunisia could also be an important collaborator in South-South activities associated with women's health, due to its embrace of equality for women, excellent access to family planning, and the past effort made to bring women fully into all levels of the Tunisian educational system. END SUMMARY.

12. The National Institute of Health (NIH) team included NIH Director Dr. Elias Zerhouni and members from three of the 27 institutes that fall under the NIH aegis: The National Institute of Child Health and Human Development (NICHD), the National Institute of Allergy and Infectious Diseases (NIAID), and the Fogarty International Center (FIC). Both NICHD and NIAID have a history of providing funding to low and middle income countries, while FIC's primary focus is international capacity building. The group concentrated their attention on infectious diseases and child/maternal health, but also investigated crosscutting issues, such as as bioethics, infectious diseases, newborn screening, consanguinity and general capacity building. (NOTE: In Tunisia, there is an incidence of consanguineous marriages as high as 60 percent in many rural areas. This practice, which causes genetic abnormalities, was a major focus of the visit and has implications for further study as a regional initiative. END NOTE.)

13. The overarching goals for the trip were to establish contacts; evaluate the state of scientific research capabilities; learn about research priorities in Tunisia and assess the government's commitment to those priorities; determine current sources of funding; and promote possibilities for further exchanges and collaboration. The visitors met with Prime Minister Mohamed Ghannouchi, who

stressed GOT commitment to biotechnology and the development of a world-class research facility in the southern city of Sfax. The team also met with ministers of Public Health; Scientific Research, Technology and Promotion of Skills; and Education and Training. The group visited medical research institutes, training facilities, and public hospitals in Tunis where research is being done and consulted with a wide spectrum of working-level scientists.

¶4. Overall, the group had positive impressions of the state of medical research in Tunisia, and they were impressed with the general care of patients in those facilities. The group summarized the Tunisian experience by stating that the country has excellent human capital, close research ties with France that could be built upon by U.S. researchers, and a patient population and health care system that would support clinical trials. They also felt that it would be valuable for Tunisian institutions to begin development of Institutional Review Boards (IRBs) that oversee the protection of human subjects in clinical trials, and any other necessary structures to be able to meet "Federalwide Assurance" and U.S. Human Protection requirements. Both of these standards are necessary to establish clinical trials supported by NIH funding.

¶5. Tunisia could also be an important collaborator in South-South activities associated with women's health, due to its embrace of equality for women, excellent access to family planning, and the past effort made to bring women fully into all levels of the Tunisian educational system. The Ministry of Public Health has done fine work promoting family planning options, effectively reducing population growth to 1.2 percent. As a consequence, the Ministry is now addressing more comprehensive women's health issues, including breast and cervical cancer screening, reproductive health, as well as behavioral interventions to reduce sexually-transmitted diseases and prevent HIV/AIDS. Notably, the success within

Tunisia has resulted in Tunisia developing a South-South pilot program on women's health issues for Niger, jointly funded by the Bill and Melinda Gates Foundation and the UNDP.

¶6. Dr. Zerhouni's visit clearly indicates that visits by high-profile Arab Americans reduce the cultural dissonance that challenges our outreach efforts (see reftel). This is particularly true when such interlocutors are engaged in mutually beneficial areas, such as science, technology, and medical cooperation -- areas which in themselves support increased transparency, creativity and modernization in the Arab world. Dr. Zerhouni's natural grace and in-depth knowledge of this part of the world make him a natural interlocutor to promote the American values of diversity, tolerance, openness, and the role of merit in our society.

HUDSON